



**ONTARIO  
SOCCER.**

EST. 1901

**ONTARIO SOCCER**  
7601 Martin Grove Road, Vaughan ON, L4L 9E4  
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## **Concussion Code of Conduct for Athletes and Parents/Guardians (for athletes under 18 year of age)**

### **I will help prevent concussions by:**

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all\* (respecting other athletes, coaches, team trainers and officials).

### **I will care for my health and safety by taking concussions seriously, and I understand that:**


- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion.\* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.



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### **I will not hide concussion symptoms. I will speak up for myself and others.**

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered\* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

### **I will take the time I need to recover, because it is important for my health.**

- I understand my commitment to supporting the return-to-sport process\* (I will have to follow my sport organization's Return-to-Sport Protocol).
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

**By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.**

**Athlete Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Parent/Guardian Signaure (of athletes who are under 18 years of age):** \_\_\_\_\_

**Date:** \_\_\_\_\_